

215040744
62833

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 3

2	Total Number of Vehicles	Local No./ District 499	Agency Case No. B5-092775	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 2
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 10/05/2015		TIME OF ACCIDENT 1636	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1637	Amended	
B	65	ROAD ON WHICH ACCIDENT OCCURRED		STREET/ HIGHWAY NO. South/27-26	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	10/06/2015
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LATITUDE
D	2	IF AT INTERSECTION		IF NOT AT INTERSECTION		
V1/M	10	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
V2/M	01	150.00		X		26th Street
E	2	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
F	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO
G	4	VEHICLE NO. 1				
H	2	DRIVER LICENSE NO.	G02137870	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	1	DRIVER	MICHAEL D CAMPBELL		PHONE	4028179967
V2/N	1	DRIVER ADDRESS	1300 ROSE ST, LINCOLN, NE 68502		DATE OF BIRTH (MM / DD / YYYY)	09-05-1944
I	1	OWNER	LANCASTER COUNTY SCHOOL DIST 1		PHONE	
J	01	OWNER ADDRESS	5901 O ST #9528, LINCOLN, NE 68510		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB490641
K	01	LICENSE PLATE	GS	NO. 56758	YEAR (Plate Expires)	NE
L	01	VEHICLE	1995	MAKE International H	MODEL 380	BODY STYLE Bus (seats 15+)
M	01	VEHICLE ID NO. (VIN)	1HVBABMXSH651904		COLOR yellow	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 250
N	01	INSURANCE COMPANY	Argonaut Insurance			
O	01	TOWED TO			POLICY NO.	2902036-00
P	01	VEHICLE NO. 2				
Q	01	DRIVER LICENSE NO.	H13416218	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
R	01	DRIVER	TIMOTHY J TURNER		PHONE	4026011226
S	01	DRIVER ADDRESS	3218 ORCHARD ST, LINCOLN, NE 68503		DATE OF BIRTH (MM / DD / YYYY)	08-06-1983
T	01	OWNER	ANGELA M VONSEGGERN		PHONE	4026016813
U	01	OWNER ADDRESS	3218 Orchard, Lincoln, NE 68503		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.
V	01	LICENSE PLATE	PA	NO. SHE347	YEAR (Plate Expires)	2016
W	01	VEHICLE	1996	MAKE Nissan	MODEL AGS	BODY STYLE 4 door Sedan
X	01	VEHICLE ID NO. (VIN)	1N4BU31D6TC113847		COLOR white	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 2500
Y	01	INSURANCE COMPANY	State Farm			
Z	01	TOWED TO			POLICY NO.	0831348272
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

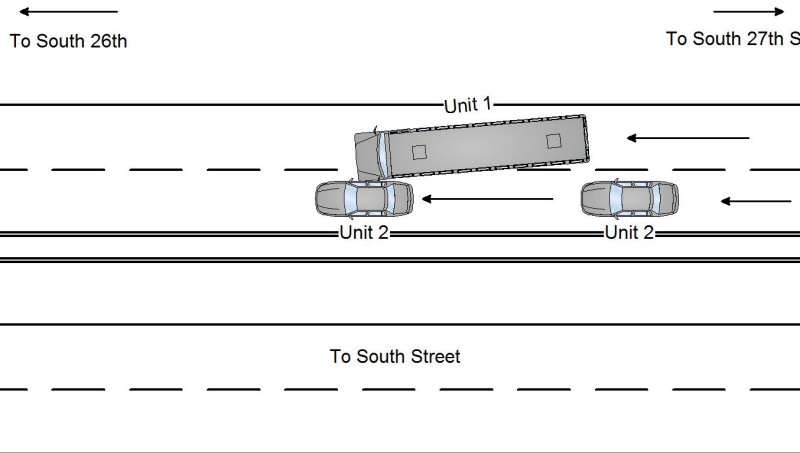
INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-092775



Indicate
North
by Arrow

Drawing Not To Scale
No Visible Skids
All Measurements are approximate
NO APOI as vehicles were moved prior to
officers arrival
South - 58' Wide



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver #1 reported he was westbound on South/27-26, in the north lane, at the posted speed limit. Driver #1 reported he merged south into the adjacent lane and struck the passenger side of vehicle #2 which was also westbound on South/27-26 in the south lane. Driver #1 reported he did not see vehicle #2 until after the collision. Driver #2 reported he was westbound on South/27-26 when vehicle #1 merged south into his lane striking the passenger side of his vehicle with the front left of the school bus.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS						
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE 1		VEHICLE 2		VEH 1		VEH 2				
1				X	South Street				VEHICLE 1		VEHICLE 2		1		1				
2				X	South Street				VEHICLE 1		VEHICLE 2		1		1				
1	01				06 Turning left	POINT OF IMPACT		08	POINT OF IMPACT		03	1		1		1			
2	01				08 Entering traffic lane	MOST DAMAGED AREA		08	MOST DAMAGED AREA		03	2		2		1			
01 Essentially straight ahead					09 Leaving traffic lane					02 None					03 Deployed - front				
02 Backing					10 Parked					09 Top & windows					4				
03 Changing lanes					11 Slowing or stopped in traffic					10 Undercarriage					3 Deployed - side				
04 Overtaking/ Passing					12 Other					11 Total (all areas)					3 Deployed - both front/side				
05 Turning right					13 Unknown					12 Other					4 Not deployed				
															5 Not applicable/ No airbag available				
															6 Unknown				
															1 None used - vehicle occupant				
															2 Lap & shoulder belt used				
															3 Shoulder belt only used				
															4 Lap belt only used				
															5 Child safety seat used				
															6 Child booster seat used				
															7 DOT approved helmet used				
															8 Costume helmet used				
															9 Restraint use unknown				

OFFICER NO. 1556	TROOP/ TEAM/ BEAT 4	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Alan Grell		INVESTIGATOR SIGNATURE Approved by Officer Alan Grell	DATE OF REPORT 10/06/2015

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State of Nebraska

Investigator's Supplemental Truck and Bus Accident Report

This form must be completed in **addition** to the DR Form 40, "Investigator's Motor Vehicle Accident Report," if any of the vehicles involved meet the criteria listed on the back of this form.

Sheet 3 of 3

LOCAL NO./DISTRICT 499		DATE OF ACCIDENT 10/05/2015	COUNTY Lancaster	CITY Lincoln	STATE USE ONLY	
AGENCY CASE NO. B5-092775		OCCURRED ON HIGHWAY/ROAD/STREET South/27-26			Amended	
TRUCK / BUS - 1						
DRIVER (Print or type full name) MICHAEL D CAMPBELL			CARRIER IDENTIFICATION 1 U.S. DOT		1 ICC MC	
CARRIER NAME (Print or type full name)			GROSS VEHICLE WEIGHT RATING (GVWR) or GROSS COMBINATION VEHICLE WEIGHT RATING (GCVWR) (Combined rating for vehicles and trailers) <input type="checkbox"/> 10,000 Lbs. or Less (Requires Haz Mat Placards) <input type="checkbox"/> 10,001 Lbs. – 26,000 Lbs. <input type="checkbox"/> More than 26,000 Lbs.			
CARRIER ADDRESS (Street or R.F.D.)			CITY, STATE, ZIP		VEHICLE CONFIGURATION (Check one)	
TRAILER LICENSE PLATE No.		Year	State	CARGO BODY TYPE (Check one)		
COMMERCE CLASSIFICATION (Check one) 1 <input type="checkbox"/> Interstate Commerce 2 <input type="checkbox"/> Intrastate Commerce 3 <input type="checkbox"/> Not Applicable		TRUCK WIDTH (Widest part of truck or trailer) 1 <input type="checkbox"/> 96 inches 2 <input type="checkbox"/> 102 inches 3 <input type="checkbox"/> Other (Specify)		DRIVER'S LICENSE CLASS CODE A <input type="checkbox"/> M <input type="checkbox"/> B <input checked="" type="checkbox"/> O <input type="checkbox"/> C <input type="checkbox"/>		
HAZARDOUS MATERIAL INVOLVED						
Did vehicle have a Haz Mat Placard? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		Placard Information: 1-Digit Hazard Class Number from bottom of Diamond Placard. 1-Digit No. _____		Was hazardous cargo released? (Do not count fuel from fuel tank) 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		
BUS USE 1 <input type="checkbox"/> Not a Bus 3 <input type="checkbox"/> Charter Bus 5 <input type="checkbox"/> Intercity Bus 7 <input type="checkbox"/> Other 2 <input type="checkbox"/> Transit Bus 4 <input checked="" type="checkbox"/> School Bus 6 <input type="checkbox"/> Not Reported						
TRUCK / BUS - 2						
DRIVER (Print or type full name)			CARRIER IDENTIFICATION 1 U.S. DOT		1 ICC MC	
CARRIER NAME (Print or type full name)			GROSS VEHICLE WEIGHT RATING (GVWR) or GROSS COMBINATION VEHICLE WEIGHT RATING (GCVWR) (Combined rating for vehicles and trailers) <input type="checkbox"/> 10,000 Lbs. or Less (Requires Haz Mat Placards) <input type="checkbox"/> 10,001 Lbs. – 26,000 Lbs. <input type="checkbox"/> More than 26,000 Lbs.			
CARRIER ADDRESS (Street or R.F.D.)			CITY, STATE, ZIP		VEHICLE CONFIGURATION (Check one)	
TRAILER LICENSE PLATE No.		Year	State	CARGO BODY TYPE (Check one)		
COMMERCE CLASSIFICATION (Check one) 1 <input type="checkbox"/> Interstate Commerce 2 <input type="checkbox"/> Intrastate Commerce 3 <input type="checkbox"/> Not Applicable		TRUCK WIDTH (Widest part of truck or trailer) 1 <input type="checkbox"/> 96 inches 2 <input type="checkbox"/> 102 inches 3 <input type="checkbox"/> Other (Specify)		DRIVER'S LICENSE CLASS CODE A <input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> C <input type="checkbox"/>		
HAZARDOUS MATERIAL INVOLVED						
Did vehicle have a Haz Mat Placard? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Placard Information: 1-Digit Hazard Class Number from bottom of Diamond Placard. 1-Digit No. _____		Was hazardous cargo released? (Do not count fuel from fuel tank) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
BUS USE 1 <input type="checkbox"/> Not a Bus 3 <input type="checkbox"/> Charter Bus 5 <input type="checkbox"/> Intercity Bus 7 <input type="checkbox"/> Other 2 <input type="checkbox"/> Transit Bus 4 <input type="checkbox"/> School Bus 6 <input type="checkbox"/> Not Reported						
INVESTIGATOR NAME (Print or type) Alan Grell		INVESTIGATOR SIGNATURE Approved by Officer Alan Grell		DEPARTMENT Lincoln Police Department		OFFICER NO. 1556
						DATE OF REPORT 10/06/2015